

Appendix A

AWOL and Deserter Forms

COMMANDER'S REPORT OF INQUIRY UNAUTHORIZED ABSENCE					
For use of this form, see AR 630-10, the proponent agency is MILPERCEN					
1. NAME (Last, first, middle) EXAMPLE, John, Quick			2. RANK SPC	3. SSN 123-45-6789	
4. ORGANIZATION B Co, 2/123 PIR			5. INITIAL DATE OF UNAUTHORIZED ABSENCE 20020605		
6. PHYSICAL DESCRIPTION					
a. HEIGHT 5'9"	b. WEIGHT 161	c. AGE 20	d. COLOR/HAIR Brown	e. COLOR EYES Blue	f. GLASSES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
g. SCARS IDENTIFYING MARKS, ETC. None					
7. DRIVER LICENSE NO & VEHICLE ID North Carolina Driver License# 123456; 1999 Ford Mustang, Red, VIN: 123F456789AB123					
8. RELATIVES					
NAME		ADDRESS		RELATIONSHIP	
EXAMPLE, Jane P.		123 Main Street Any Town, NC 12345 (123) 456-7890		Mother	
EXAMPLE, James T.		123 Main Street Any Town, NC 12345 (123) 456-7890		Father	
9. COMPETENT WITNESSES AND CLOSE FRIENDS (Indicate summary testimony, if given, in item 13)					
NAME		ADDRESS		SSN	GRADE
10. POSSIBLE CONTRIBUTING FACTORS CAUSING AWOL <input type="checkbox"/> MARITAL STRIFE <input checked="" type="checkbox"/> INDEBTEDNESS <input type="checkbox"/> TROUBLE WITH SUPERIORS <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> OTHER (Specify) Illness of father					
11. RECORD OF ANY EVIDENCE OF THE FOLLOWING <input type="checkbox"/> FOUL PLAY <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MENTAL INSTABILITY <input type="checkbox"/> INABILITY TO ADJUST TO MILITARY LIFE <input type="checkbox"/> EVIDENCE OF SHIRKING IMPORTANT/HAZARDOUS DUTY <input type="checkbox"/> DRUG USE <input checked="" type="checkbox"/> INTENT NOT TO RETURN <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> DISSENT FROM FOREIGN POLICIES OF THE U.S.					
12. PERTINENT EVIDENCE FOUND IN PERSONAL EFFECTS (If none, so state) o Any Documents or pictures which may assist in apprehension efforts should be turned into the military police.					
13. CONTINUATION REMARKS (If additional space is necessary, continue on reverse, specifying item no.) 1. Date of birth: 19821028 2. Place of birth: Any Town, NC 3. Security Clearance: None 4. Aliases/Nicknames: None 5. Marital Status: Single 6. Race: White 7. Citizenship: U.S. 8. A check of local jails and hospitals was made to ensure that the soldier was not confined or admitted. 9. Possible locations of absentee: 123 Main Street, Any Town, NC 12345					
14. AUTHENTICATION (Signature, title, organization, and date) JOHN J. SNUFFY, CPT, IN, Commanding 20020605					

Copy 1		Copy 2		Copy 3		Copy 4	
PERSONNEL ACTION For use of this form, see AR 600-8-6 and DAPAM 600-8-21; the proponent agency is CDCSPER							
DATA REQUIRED BY THE PRIVACY ACT OF 1974							
AUTHORITY:		Title 5, Section 3012; Title 10, USC EO 9397.					
PRINCIPAL PURPOSE:		Used by soldier in accordance with DAPAM 600-8-21 when requesting a personnel action on his/her own behalf (Section II).					
ROUTINE USES:		To initiate the processing of a personnel action being requested by the soldier.					
DISCLOSURE:		Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.					
1. THRU (Include ZIP Code) Commander 2nd Battalion, 123 PIR Fort Bragg, NC 28310		2. TO (Include ZIP Code) Commander 28th PSB Fort Bragg, NC 28310		3. FROM (Include ZIP Code) Commander B Company 2/123 PIR Fort Bragg, NC 28310			
SECTION I - PERSONAL IDENTIFICATION							
4. NAME (Last, First, MI) EXAMPLE, John Q.		5. GRADE OR RANK/FMOS/ACC E-4/11B			6. SOCIAL SECURITY NUMBER 123-45-6789		
SECTION II - DUTY STATUS CHANGE (AR 600-8-6)							
7. The above soldier's duty status is changed from <u>Present for duty (PDY)</u> to _____ <u>Absent without leave (AWOL)</u> effective <u>630</u> hours, <u>5 June</u> <u>2002</u>							
SECTION III - REQUEST FOR PERSONNEL ACTION							
8. I request the following action: (Check as appropriate)							
<input type="checkbox"/> Service School (Eff only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card					
<input type="checkbox"/> ROT/Cor Reserve Component Duty	<input type="checkbox"/> On the Job Training (Eff only)	<input type="checkbox"/> Identification Tags					
<input type="checkbox"/> Volunteering For Overseas Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations					
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance Outside CONUS					
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB					
<input type="checkbox"/> Exchange Reassignment (Eff only)	<input type="checkbox"/> Officer Candidate School	<input type="checkbox"/> Other (Specify)					
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members						
9. SIGNATURE OF SOLDIER (When required)				10. DATE (YYYYMMDD)			
SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)							
SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL							
11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein-							
<input type="checkbox"/> HAS BEEN VERIFIED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input checked="" type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED							
12. COMMANDER/AUTHORIZED REPRESENTATIVE JOHN J. SNUFFY, CPT, IN, Commanding		13. SIGNATURE			14. DATE (YYYYMMDD) 20020605		

DEPARTMENT OF THE ARMY
Bravo Company, 2nd Battalion, 123d Parachute Infantry Regiment
28th Airborne Division
Fort Bragg, North Carolina 28310

123 Maine Street
Any Town, NC 12345

4 July 2002

Dear Mr. And Mrs. Example,

I regret to inform you that John Q. Example has been absent without leave from this unit since 5 June 2002. Your son's absence could result in a trial by court-martial with loss of pay and allowances which could mean that his dependants would lose all rights to receive allotments, medical care, commissary, and post exchange privileges and other military benefits. Continued absence could also result in confinement or dismissal with other than honorable or bad conduct discharge.

If you know where he is, please urge him to return immediately to military control at the nearest military installation in order to avoid serious consequences or prolonged unauthorized absence.

Rest assured that he will be given a fair hearing and the opportunity to present any information on his behalf.

Sincerely,

JOHN J. SNUFFY

CPT, IN

Commanding

PERSONNEL ACTION			
For use of this form, see AR 600-8-6 and DAPAM 600-8-21; the proponent agency is ODCSPER			
DATA REQUIRED BY THE PRIVACY ACT OF 1974			
AUTHORITY: Title 5, Section 3012; Title 10, USC EO 9397. PRINCIPAL PURPOSE: Used by soldier in accordance with DAPAM 600-8-21 when requesting a personnel action on his/her own behalf (Section II). ROUTINE USES: To initiate the processing of a personnel action being requested by the soldier. DISCLOSURE: Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.			
1. THRU (Include ZIP Code) Commander 2nd Battalion, 123 PIR Fort Bragg, NC 28310		3. FROM (Include ZIP Code) Commander B Company 2/123 PIR Fort Bragg, NC 28310	
SECTION I - PERSONAL IDENTIFICATION			
4. NAME (Last, First, M) EXAMPLE, John Q.		5. GRADE OR RANK / FMOS / AOC E-4 / 11B	
6. SOCIAL SECURITY NUMBER 123-45-6789			
SECTION II - DUTY STATUS CHANGE (AR 600-8-6)			
7. The above soldier's duty status is changed from _____ Absent without leave (AWOL) _____ to _____ Dropped from rolls (DFR) _____ effective _____ 630 _____ hours _____ 4 July _____ 2002			
SECTION III - REQUEST FOR PERSONNEL ACTION			
8. I request the following action: (Check as appropriate)			
<input type="checkbox"/> Service School (Eff only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card	
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Eff only)	<input type="checkbox"/> Identification Tags	
<input type="checkbox"/> Volunteering For Overseas Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations	
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS	
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB	
<input type="checkbox"/> Exchange Reassignment (Eff only)	<input type="checkbox"/> Officer Candidate School	<input type="checkbox"/> Other (Specify)	
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members		
9. SIGNATURE OF SOLDIER (When required)		10. DATE (YYYYMMDD)	
SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)			
o If the soldier is being dropped from the rolls for any reason other than 30 consecutive days of absence, please explain and provide justifying documentation.			
SECTION IV - CERTIFICATION/APPROVAL/DISAPPROVAL			
11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein - <input type="checkbox"/> HAS BEEN VERIFIED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input checked="" type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED			
12. COMMANDER AUTHORIZED REPRESENTATIVE JOHN J. SNUFFY, CPT, IN, Commanding		13. SIGNATURE	
		14. DATE (YYYYMMDD) 20020704	

DESERTER/ABSENTEE WANTED BY THE ARMED FORCES			1. DATE PREPARED (YYYYMMDD) 20020704		REPORT CONTROL SYMBOL DD-P&R(SA)1454	
2. TO (Local, State or Federal law enforcement authority as indicated by Military Deserter Information Point) XVIII Airborne Corps and Fort Bragg Office of the Provost Marshal Fort Bragg, North Carolina 28310			3. FROM (Organization or activity and place from which absent. If unauthorized absence occurs in transit, list old and new unit in Remarks) Commander B Company, 2ND Battalion 123RD PIR Fort Bragg, North Carolina 28310		4. DISTRIBUTION After the proper documentation has been reviewed by the XVIII ABN Corps PMO it will be stamped recieved.	
5. ABSENTEE IDENTIFICATION						
a. NAME (Last, First, Middle Initial) EXAMPLE, John Q.			b. GRADE/RANK/RATE E-4/SPC		c. SEX M	
d. RACE (X one or more)			e. ETHNICITY (X one)			
<input type="checkbox"/> AMERICAN INDIAN/ ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN			<input checked="" type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> DECLINE TO RESPOND		<input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NOT HISPANIC OR LATINO <input type="checkbox"/> DECLINE TO RESPOND	
f. PLACE OF BIRTH (City, State, Country) Any Town, NC, USA			g. DATE OF BIRTH (YYYYMMDD) 19821028		h. HEIGHT 5'9"	
i. WEIGHT 161 lbs			j. EYE COLOR (X one)		k. HAIR COLOR (X one)	
<input type="checkbox"/> BLACK <input type="checkbox"/> BLUE <input type="checkbox"/> BROWN			<input type="checkbox"/> GREEN <input type="checkbox"/> GRAY <input type="checkbox"/> HAZEL		<input type="checkbox"/> VIOLET <input type="checkbox"/> AUBURN <input type="checkbox"/> BLACK <input type="checkbox"/> BLOND	
<input type="checkbox"/> SILVER <input type="checkbox"/> WHITE <input type="checkbox"/> BALD			l. DIP CONTROL NUMBER		m. BRANCH OF SERVICE Army	
n. SOCIAL SECURITY NO. 123-45-6789			o. CITIZENSHIP USA		p. MARITAL STATUS Single	
q. MILITARY OCCUPATION Infantryman/11B			s. PERMANENT RESIDENCE ADDRESS (Include ZIP Code) 123 Main Street Any Town, NC 12345			
r. CIVILIAN OCCUPATION Cashier						
6. CURRENT ENLISTMENT			7. ENTRY INTO CURRENT PERIOD OF SERVICE			8. ATTACH PHOTOGRAPH (If available)
a. DATE (YYYYMMDD) 19990812		b. PLACE (City and State) Raleigh, NC		a. DATE (YYYYMMDD) 20010917		
b. PLACE (City and State) Ft. Bragg, NC		b. PLACE (City and State) Ft. Bragg, NC		c. DATE (YYYYMMDD) 20020704		
b. DATE (YYYYMMDD) 20020605		b. HOUR 06:30				
9. TIME OF ABSENCE			10. ADMINISTRATIVE DATE OF DESERTION (YYYYMMDD)			
a. DATE (YYYYMMDD) 20020605			b. HOUR 06:30			
11. ESCAPED OR SENTENCED PRISONER (X as applicable)			12. DISCHARGE STATUS (X as applicable)			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> DISCHARGED <input type="checkbox"/> SUSPENDED			
IF "YES," SPECIFY CHARGE			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
13. OPERATOR'S LICENSE			14. VEHICLE LICENSE			
a. NUMBER 123456		b. STATE NC		c. EXP. DATE (YYYYMMDD) 20031028		d. TYPE Passenger
a. PLATE NO. ABC-123		b. STATE NC		c. EXP. DATE (YYYYMMDD) 20021130		
15. VEHICLE						
a. VEHICLE IDENTIFICATION NUMBER 123F456789AB123		b. YEAR 1999		c. MAKE Ford		d. MODEL Mustang
e. STYLE 2DR		f. COLOR Red				
16. RELATIVES AND/OR PERSONS KNOWN BY ABSENTEE (If more space is needed, continue in Remarks or on a separate page, making reference to this item number.)						
a. NAME (Last, First, Middle Initial)			b. ADDRESS (Include ZIP Code)			
(1) EXAMPLE, Jane P. (Mother)			123 Main Street, Any Town, NC 12345			
(2) EXAMPLE, James T. (Father)			123 Main Street, Any Town, NC 12345			
(3)						
(4)						
(5)						

17. CERTIFICATION (See Notes) The undersigned states: That he/she is a commissioned officer of the United States <u>Army</u> (Military Department), presently assigned as the Commanding Officer, <u>B Co, 2/123 PIR</u> (Unit from which the alleged deserter absented himself or herself), and in the performance of official duties imposed by Department of Defense Directive 1325.2 and <u>AR 190-9 and AR 630-10</u> (Regulations of the Service concerned which implement DOD Directive 1325.2, e.g. Army Regulations 190-9 and 630-10), he/she has conducted an investigation into the status of <u>Example, John Q. PVT</u> (Name and rank of alleged deserter), a member of the United States Armed Forces serving on active duty with <u>B Co, 2/123 PIR</u> (Unit and Service from which the alleged deserter absented himself or herself), by questioning his/her unit cohorts; by examining and verifying the field service records of said service member which reflect his/her duty status; by requesting the member's next of kin to urge his/her voluntary return to military control if they are aware of his/her whereabouts; by inquiring to the fullest extent possible into the feasibility of other explanations for the member's absence, to include sickness, injury, hospitalization, and confinement by civil law enforcement officials; and officially ordered diversion from his/her unit of assignment by querying the member's losing unit (and en route temporary duty unit), the appropriate career management division, the servicing replacement organization, and the servicing Military Personnel and Transportation Assistance Office (and (See Note 1)). That based on the aforesaid investigation, the undersigned has personal knowledge that, on or about <u>20020605</u> (Date - YYYYMMDD), <u>Example, John Q. PVT</u> (Name and rank of alleged deserter), did, without authority and with intent to remain away therefrom permanently, absent himself/herself from his/her unit/organization/place of duty, to wit: (See item 3 above) located at (See item 3) in violation of Section 885, Title 10, United States Code and he/she has remained continuously so absent until <u>20020704</u> (Date this statement is executed - YYYYMMDD). I state under penalty of perjury (under the laws of the United States of America (See Note 2) that the foregoing is true and correct. Executed on <u>20020704</u> (Date - YYYYMMDD).			
NOTES: 1. For use only when a servicemember fails to report to a gaining unit of assignment during a permanent change of station. 2. For use only when statement is executed outside the United States, its territories, possessions and commonwealths.			
18. COMMANDING OFFICER			
a. TYPED NAME (Last, First, Middle Initial) <u>SNUFFY, John, J.</u>	b. RANK <u>O-3</u>	c. TITLE <u>Company Commander</u>	
d. ORGANIZATION AND INSTALLATION <u>B Co, 2/123</u>	e. SIGNATURE (All copies)		f. DATE SIGNED (YYYYMMDD) <u>20020704</u>
19. REMARKS (List peculiar habits and traits of character; unusual mannerisms and speech; peculiarities in appearance; clothing worn; aliases (names); marks and scars; tattoos; facial characteristics; complexion, posture; build, other SSN's used by individual; or other data that may assist in identification. The following is required to be included in this area: o Suspected reason(s) for absence. o Information on any pending investigations. o Previous non-judicial punishment information. o Information on pending UCMJ action at the time of absence. o Additional information on the current whereabouts of the absentee. o For additional supporting documentation enter the phrase "see attached sheet". Example: 1. Service Member possibly left the unit due to indebtedness and illness of Father. 2. Service Member was not pending any investigations. 3. Service Member has no previous non-judicial punishment. 4. Service Member had no UCMJ action pending at the time of absence. 5. Service Member may be living with relatives in Any Town, NC.			

INFORMATION

1. AUTHORITY TO APPREHEND.

a. Any civil officer having the authority to apprehend offenders under the laws of the United States, or of a State, territory, commonwealth, possession, or the District of Columbia may summarily apprehend deserters from the Armed Forces of the United States and deliver them into custody of military officials.

Receipt of this form and a corresponding entry in the FBI's NCIC Wanted Person File, or oral notification from military officials or Federal law enforcement officials that the person has been declared a deserter and that his/her return to military control is desired, is authority for apprehension.

b. Civil authorities may apprehend absentees (AWOL's) when requested to do so by military authorities.

2. PAYMENT OF REWARD OR REIMBURSEMENT FOR EXPENSES.

a. Rewards. Receipt of this form, or oral or written notification from military authorities or Federal law enforcement officials, prior to apprehension of the individual, that the person is an absentee and that his/her return to military control is desired will be considered as an offer of reward. Persons or agency representatives (except salaried officers or employees of the Federal Government or servicemembers) apprehending or delivering absentees to military control are authorized:

- (1) Payment for apprehension and detention of absentees until military authorities assume custody; or
- (2) Payment for apprehension and delivery of absentees to a military installation.

b. Reimbursement for Expenses. Reimbursement may be made for actual expenses incurred when conditions for payment of a reward cannot be met. If two or more persons perform these services, payment will be made jointly or severally, but total payment to all may not exceed prescribed limitations.

c. Payment. Payment will be made to the person or agency representative actually making arrest and detention or delivery by the disbursing officer servicing the military facility to which the absentee is delivered and will be in full satisfaction of all expenses of

apprehending, keeping and delivering the absentee. Payment may be made whether the absentee surrenders or is apprehended. Payment will not be made for information leading to apprehension, nor for apprehension not followed by return to military control. Both reward and reimbursement may not be paid for the same apprehension and detention or delivery.

3. INDIVIDUAL CLAIMS HE/SHE IS NOT ABSENT WITHOUT AUTHORITY.

When a detained individual claims that he/she is not absent without leave and does not have the papers to prove his/her claim, the apprehending person or agency representative should communicate directly by the most rapid means available, with the nearest military installation manned by active duty personnel. When necessary, communicate directly (telephone or telegraph) with the Deserter Information Point of the military service concerned.

a. US Army: USAEREC, United States Army
Deserter Information Point
(UDADIP)
8899 East 56th Street
Indianapolis, IN 46249-5301

Telephone collect:
Area Code (317) 510-3711

b. US Navy: Navy Absentee Collection and
Information Center (NAIC)
2834 Greenbay Road
North Chicago, IL 60064

Telephone collect:
Area Code (847) 688-2106
(or toll free: 1-800-423-7633)

c. US Marine Corps: Commandant, US Marine Corps
Code POS-40
2 Navy Annex
Washington, DC 20380-1775

Telephone collect:
Area Code (703) 614-3248/3376

d. US Air Force: Headquarters AF Personnel Center
(DPWCM)
550 C Street West, Suite 14
Randolph AFB, TX 78150-4716

Telephone collect:
Area Code (210) 566-3752
(or toll free: 1-800-531-5501)